

RECEIVED
CENTRAL FAX CENTER
JAN 10 2008



HAMRE, SCHUMANN,
MUELLER & LARSON, P.C.
AN INTERNATIONAL INTELLECTUAL PROPERTY LAW FIRM

FAX TRANSMISSION January 10, 2008

TO: Commissioner for Patents
PO Box 1450
Alexandria, VA 22313-1450

FROM: James A. Larson
OUR REF: 20168.0004USU1

TELEPHONE: (612) 455.3800

Total pages, including cover letter: 2

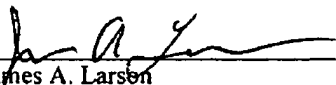
PTO FAX NUMBER: 571.273.8300

If all pages are NOT received, please call us at 612.455.3800 or fax us at 612.455.3801.

Title of Document: PTO/SB/82

Applicant: KASOWER
Serial No.: 10/724315
App. Filed: November 26, 2003
Group Art No.: 3629

Please charge any additional fees or credit overpayment to Deposit Account No. 50-3478. Please consider this a PETITION FOR EXTENSION OF TIME for a sufficient number of months to enter these papers, if appropriate.

By: 
Name: James A. Larson
Reg. No.: 40,443

I hereby certify that this paper is being transmitted by facsimile to the U.S. Patent and Trademark Office on the date shown below.

Lauren Sindt

Signature 

Date 

225 SOUTH SIXTH STREET • SUITE 2650 • MINNEAPOLIS • MN 55402
TEL 612.455.3800 • FAX 612.455.3801
WWW.HSMIL.COM • MAIL@HSMIL.COM

RECEIVED
CENTRAL FAX CENTER
JAN 10 2008

PTO/SB/92 (01-06)

Approved for use through 12/31/2008. OMB 0651-0035

U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no person is required to respond to a collection of information unless it displays a valid OMB control number.

**REVOCATION OF POWER OF
 ATTORNEY WITH
 NEW POWER OF ATTORNEY
 AND
 CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/724315
Filing Date	2003-11-26
First Named Inventor	KSAOWER
Art Unit	3629
Examiner Name	NGUYEN, Tan D.
Attorney Docket Number	20168.0004USU1

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number:

52385

☒ Please change the correspondence address for the above-identified application to:

☒ The address associated with
 Customer Number:

52835

OR

☐ Firm or
 Individual Name

Address

City

State

Zip

Country

Telephone

Email

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
 Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature

Name

Sheldon Kasower

Date

1/08/08

Telephone

818 467 4630 x115

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 1 forms are submitted.

This collection of information is required by 37 CFR 1.56. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-0199 and select option 2.

007/007

INR

08/17/2013 04:48 FAX 8184074630